## P2000000 1408

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SADA MANISCALCO INC SUBJECT: Name of Corporation DOCUMENT NUMBER: P20000001408 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SADA MANISCALCO Name of Contact Person SADA MANISCALCO INC Firm/Company 4789 SW 13th PLACE Address DEERFIELD BEACH, FL 33442 City/State and Zip Code SADA14MANN@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SADA MANISCALCO Name of Contact Person Enclosed is a check for the following amount: **■** \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy ☐ \$43.75 Filing Fee & Certified Copy Mailing Address: Street Address: Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF CORRECTION

For

SADA MANISCALCO INC		
Name of Corporation as currently file	d with the Florida Dept, of State	<del>.</del>
P2000001408		
Document Numb	er (if known)	
Pursuant to the provisions of Section 607.0124, Flor	rida Statutes.	
These articles of correction correct ENTITY NAME	Articles of Incorporation (Document Type Being Corrected)	<u></u> -
filed with the Department of State on 01/09/2020		
Specify the inaccuracy, incorrect statement, or defect	et:	2020
ENTITY NAME INCORRECT: SADA MANISCALCO	INC	2020 F EB
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		, <u>, , , , , , , , , , , , , , , , , , </u>
Correct the inaccuracy, incorrect statement, or defect ENTITY NAME TO BE CORRECTED AND TO READ		
		<del></del>
Teda lle	een I cool e	<u>&gt;</u>
(Signature of a director, president or other not been selected, by an incorporator - if other court appointed fiduciary, by that the selected fiduciary is the selected fiduciary.	in the hands of the receiver, trustee, or	
SADA MANISCALCO	VP	
(Typed or printed name of person signing)		ide of person signing)

Filing Fee: \$35.00